DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31815

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

49
2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 10th & Walnut, Route 2, 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Serena Ellers
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Lev. Ellers
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 27, 1849. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
92	6	6	hr. min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Thomas Jackson
13. Birthplace Ky; (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Eliza
15. Birthplace Ky; (City, town, or county) (State or foreign country)
16. (a) Informant Family
(b) Address 10th & Walnut, Joplin Mo;
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 4, 41 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem.
18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo.
19. (a) 9-2-41 (Date received local registrar) (b) Ed B James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 2, day 1941.
year hour 3-00 A.M. minute M.
21. I hereby certify that I attended the deceased from Aug. 30, 1941, to Sept 2, 1941;
that I last saw her alive on Sept 1, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility, Chr. inst. Nephritis	(?)
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

1310

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature J Achenowitz (M. D. ~~or other~~)
Address Joplin, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

41-10-839

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Steve Parker.

Licensed Embalmer No. 2548

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.